

Name  
in  
Full

Stephen G. Bordley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lisbon		County Howard		MARYLAND	
Date of death 1909	Month June	Day 12	Years Age 67		Months	Days	
Sex Male		Color or Race Colored		Birth- place Balto. City			
Married, Single or Widowed Married		Occupation Barber					
Name of Wife or Husband Unknown							
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving in formation Dr. R. V. D. Warfield				How related to deceased Not related			

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Stomach	How long	2 1/2 years
Immediate	"	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Albert Nice,	
Address		Lisbon, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Rose Warner Boston

MARYLAND

Died at *Guilford* TownCounty *Harward*Date of death *1909* Month *June*Day *20*Age *12* YearsMonths *4*Days *9*Sex *Female*Color or Race *colored*Birth-place *Guilford*Occupation *none*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Albert Boston*Father's Birthplace *Guilford*Mother's Maiden Name *Annie Thomas*Mother's Birthplace *Guilford*Name of person giving information *Henry Boston*How related to deceased *Much*

## CAUSES OF DEATH

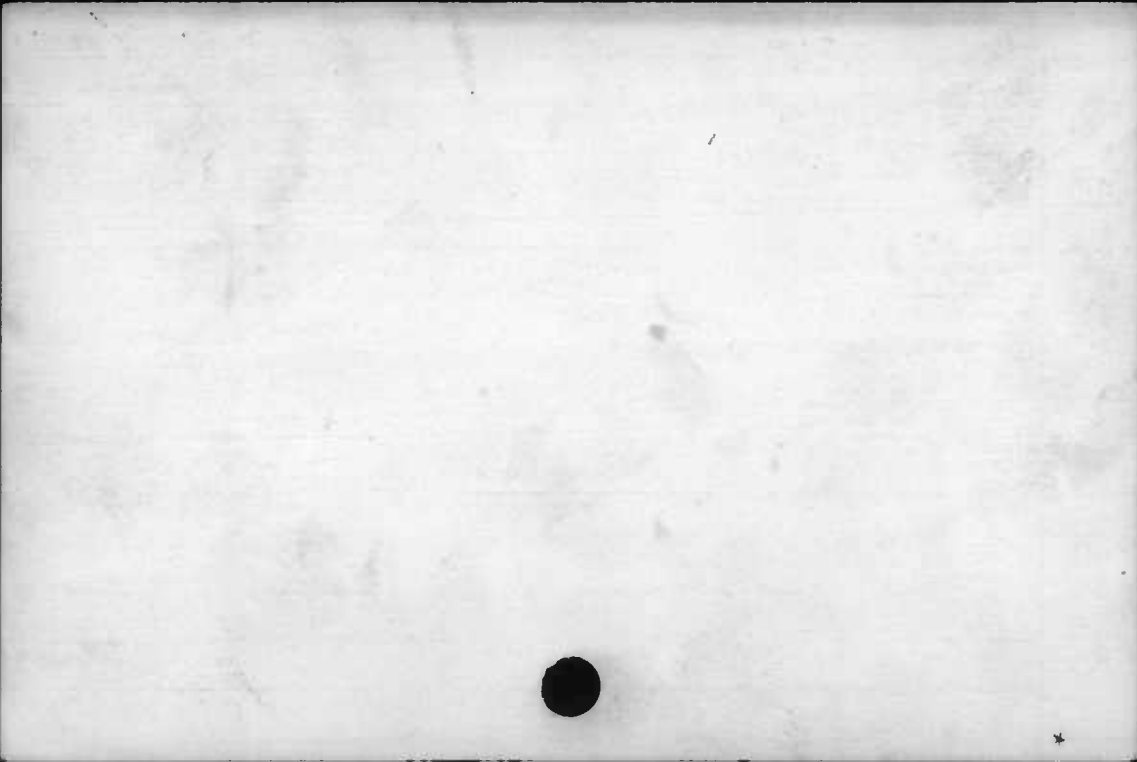
**120**PHYSICIAN  
OR CORONERPrimary *Chronic Nephritis*How long *2 years.*Immediate *Uremia*How long *24 hrs.*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Chas. Tumbleson*  
*Guilford*  
*Md.*

Accident or Suicide?



Name  
in  
Full

Dr Richard b Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Burleigh* <sup>County</sup> *Howard* **MARYLAND**

Date of death *1909* <sup>Month</sup> *June* <sup>Day</sup> *13* <sup>Years</sup> *56* <sup>Months</sup> *no* <sup>Days</sup> *no*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Doctor* Where Residing if not at place of death *Burleigh*

Married, Single or Widowed *Married* Name of Wife or Husband *Grace Hammond*

Father's Name *Judge Edward Hammond* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary b* Mother's Birthplace *Maryland*

Name of person giving Information *Grace Hammond* How related to deceased *64*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *12 hours*

Immediate *Paralysis* How long *12 hours*

Are the name, age, sex, color, data and place correctly given above?  
*Yes*

Signature of Physician *J. B. Byrnes*  
Address *Ellicott-City Md*

Accident or Suicide



576

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Name *Budgie Howard*  
Town *Clarkeville* County *Howard* MARYLAND  
Died at  
Date of death *1909 June 9* Age *40* Months *9* Days *210*  
Sex *Male* Color or Race *Colored* Birth-place *Ind*  
Occupation *None* Where Residing if not at place of death *—*  
Married, Single or Widowed *Single* Name of Wife or Husband *None*  
Father's Name *Richard Howard* Father's Birthplace *Ind*  
Mother's Maiden Name *Sophie Wilson* Mother's Birthplace *Ind*  
Name of person giving Information *Richard Howard* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia* How long *6 days*  
Immediate *Spasms* How long *3 hours*  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *J A Nicholls* Address *Jayton Ind*  
Accident or Suicide





Name  
in  
Full

William Sutton Isaacs -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Isle of</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 1909 <i>June</i> <sup>Month</sup> <i>25</i> <sup>Day</sup>		Age <i>78</i> <sup>Years</sup>		<i>23</i> <sup>Months</sup> <i>23</i> <sup>Days</sup>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Carpenter</i>		Where Reiding if not at place of death			
Merried, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Fathar's Name <i>Joseph Isaacs</i>		Fether's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Patience Virginia Hobbs</i>		Mothar's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Morgan Coleman Isaacs</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

149 ✓

PHYSICIAN  
OR CORONER

Primary <i>Lumbago</i>	How long <i>7 days</i>
Immadiate <i>General Debility</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Hobbs Jr.</i>
Accident or Suicide <i>_____</i>	Address <i>West Friendship Howard County Md.</i>



Name  
in  
Full

Larkin Johnson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Simpsonville* *Howard* County **MARYLAND**

Date of death *1909* Month *June* Day *28* Age *4* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Simpsonville*

Occupation *None* Where Residing if not at place of death *Simpsonville*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Larkin Johnson* Father's Birthplace *Md*

Mother's Maiden Name *Anna Kelly* Mother's Birthplace *Md*

Name of person giving Information *M. J. Myerly* How related to deceased *None*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Bacterial colitis* How long *One week*

Immediate *Exhaustion* How long *Progressive*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *W. W. L. Essell*

Address *Highland, Md.*

Accident or Suicide



1

B+L

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Gaithers

County

Howard

MARYLAND

Date

of death 1909

Month

6-

Day

7

Age

Years

-

Months

-

Days

-

Sex

Female

Color or  
Race

Colored

Birth-  
place

Gaithers, Md.

Occupation

none

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

William A. Lewis

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Lizzie B. Brown

Mother's  
Birthplace

Md.

Name of person giving  
Information

W. A. Lewis

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Premature Birth

How long

S

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

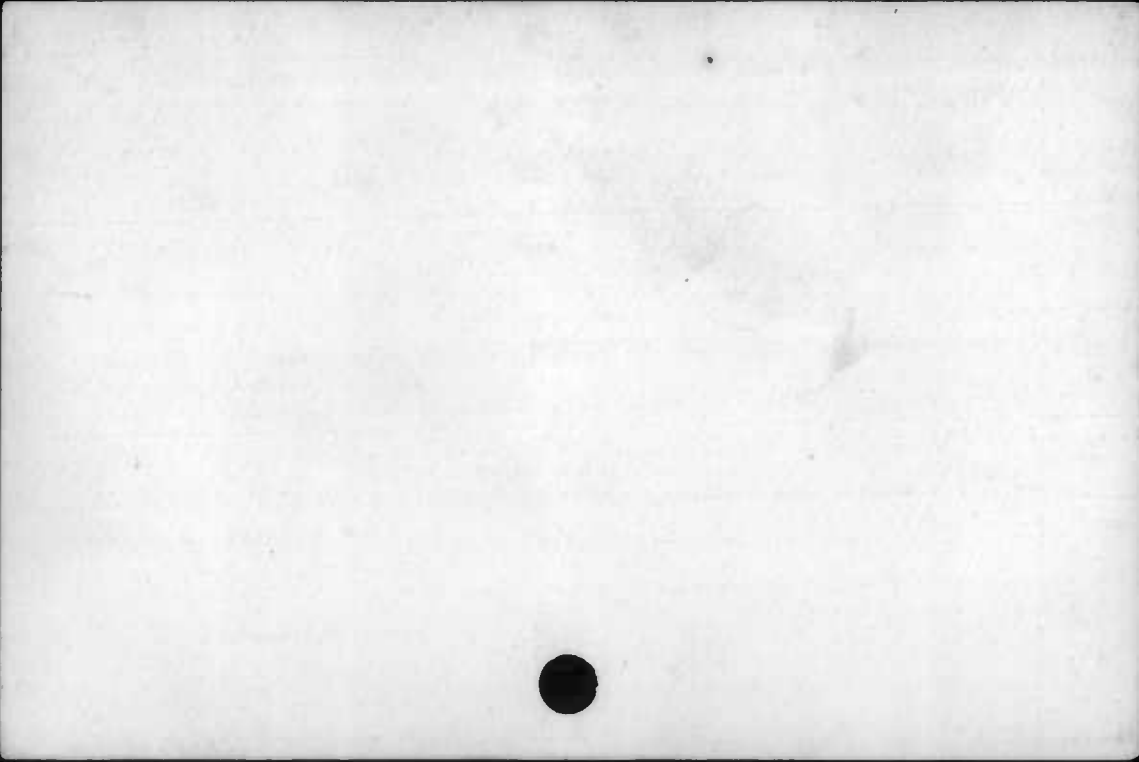
W. Frank Lucas, M.D.

Address

Sylversville, Md.

Accident or Suicide?

-



Name  
in  
Full

Bertha McDonald

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Alberton</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	22
Age	—		Years	Months	10
Sex	Female		Color or Race	White	Birth-place
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John McDonald		Father's Birthplace	
Mother's Maiden Name		Lucy McDonald		Mother's Birthplace	
Name of person giving Information		John McDonald		How related to deceased	
				Father	

CAUSES OF DEATH

Primary	Capillary Bronchitis	How long	3 days
Immediate	Apnea	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm B. Lambrell	
		Address	
		Ellicott City, Md	
Accident or Suicide			

PHYSICIAN  
OR CORONER



976



Name  
in  
Full

Guthrie Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

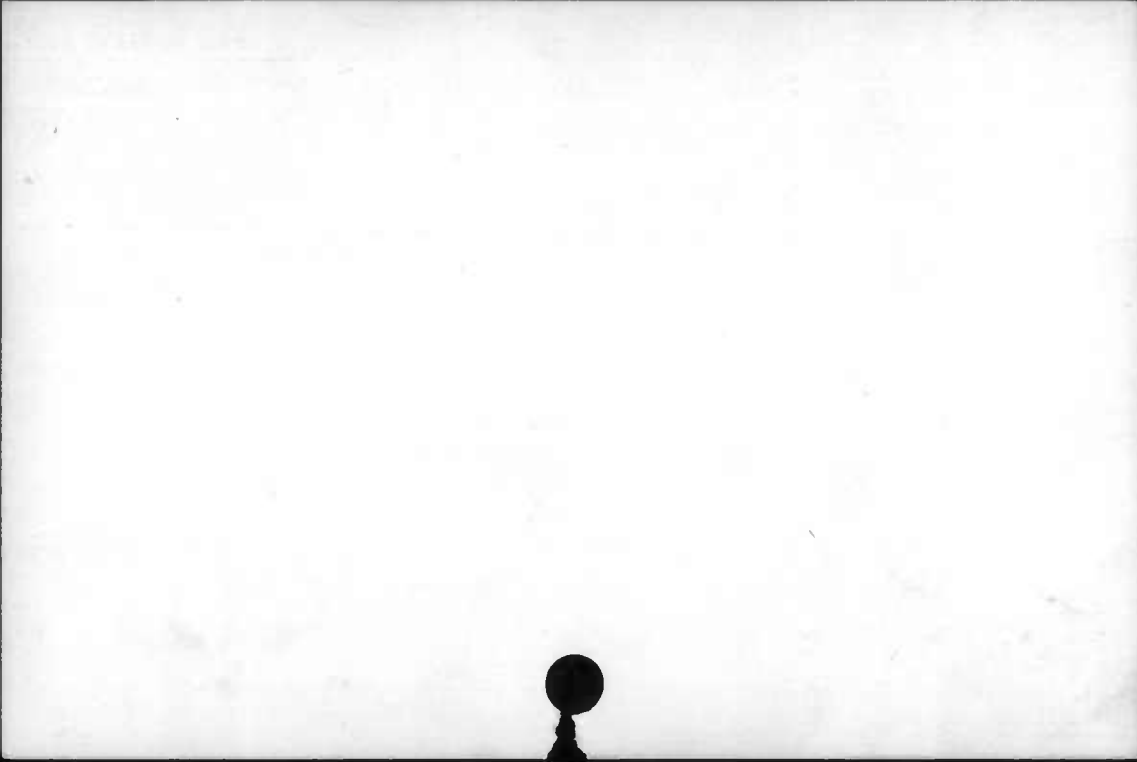
Died at		Town Abolton		County Howard		MARYLAND	
Date of death		Month June	Day 28	Years 5-1	Months 2	Days 12	
Sex Male		Color or Race White		Birth-place Germany			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary					
Father's Name Do not know		Father's Birthplace Germany					
Mother's Maiden Name Do not know		Mother's Birthplace Germany					
Name of person giving Information Adolph Miller		How related to deceased Son					

## CAUSES OF DEATH

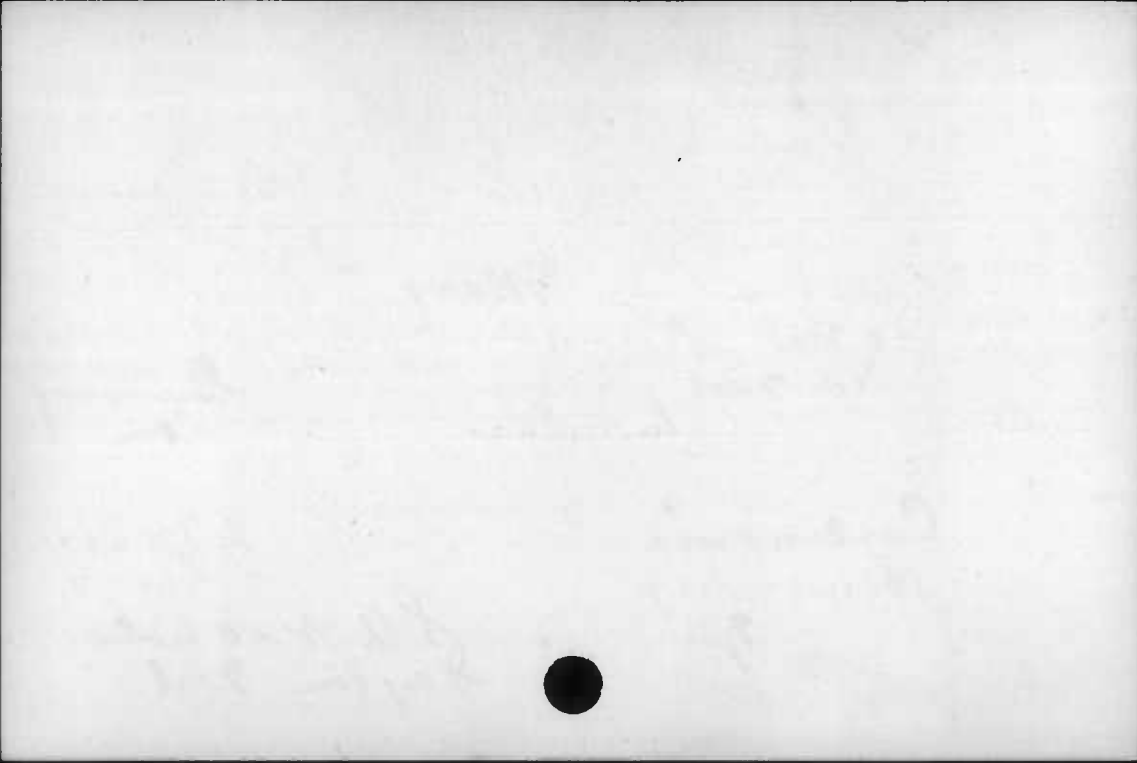
40

PHYSICIAN  
OR CORONER

Primary	Carcinoma (of stomach)	How long	2 years
Immediate	Hemorrhage	How long	2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S A Nichols	
		Address Dayton Ind	
Accident or Suicide			



Name in Full		Harry Edgar Moxley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Rosebury</i>		County <i>Howard</i>		MARYLAND		
	Date of death <i>1909</i>	Month <i>June</i>	Day <i>30</i>	Age <i>1</i>	Months <i>11</i>	Days <i>26</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation <i>none</i>		Where Residing if not at place of death <i>— —</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Marshall Moxley</i>				Father's Birthplace <i>Ind.</i>		
	Mother's Maiden Name <i>Garric Ray</i>				Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Mrs Annie Styton</i>				How related to deceased <i>sister</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>							
PHYSICIAN OR CORONER	Primary <i>Gastro-enteritis</i>			How long <i>Four days</i>			
	Immediate <i>Meningitis</i>			How long <i>One day</i>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. W. Lacy</i>			
	Yes <i>Yes</i>			Address <i>Linton Ind.</i>			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John H. Owings*

Died at *Oakland Mills* Town *Howard* County *MARYLAND*

Date of death *1909* Month *June* Day *24* Age *66* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Sallie A. Owings*

Father's Name *Henry H. Owings* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Dorsey* Mother's Birthplace *Maryland*

Name of person giving Information *Samuel S. Owings* How related to deceased *Brother*

## CAUSES OF DEATH

64 ✓

PHYSICIAN  
OR CORONER

Primary *Nephritis.* How long *2 years*

Immediate *Acute Hemorrhage* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Mr. M. B. Thomas and*

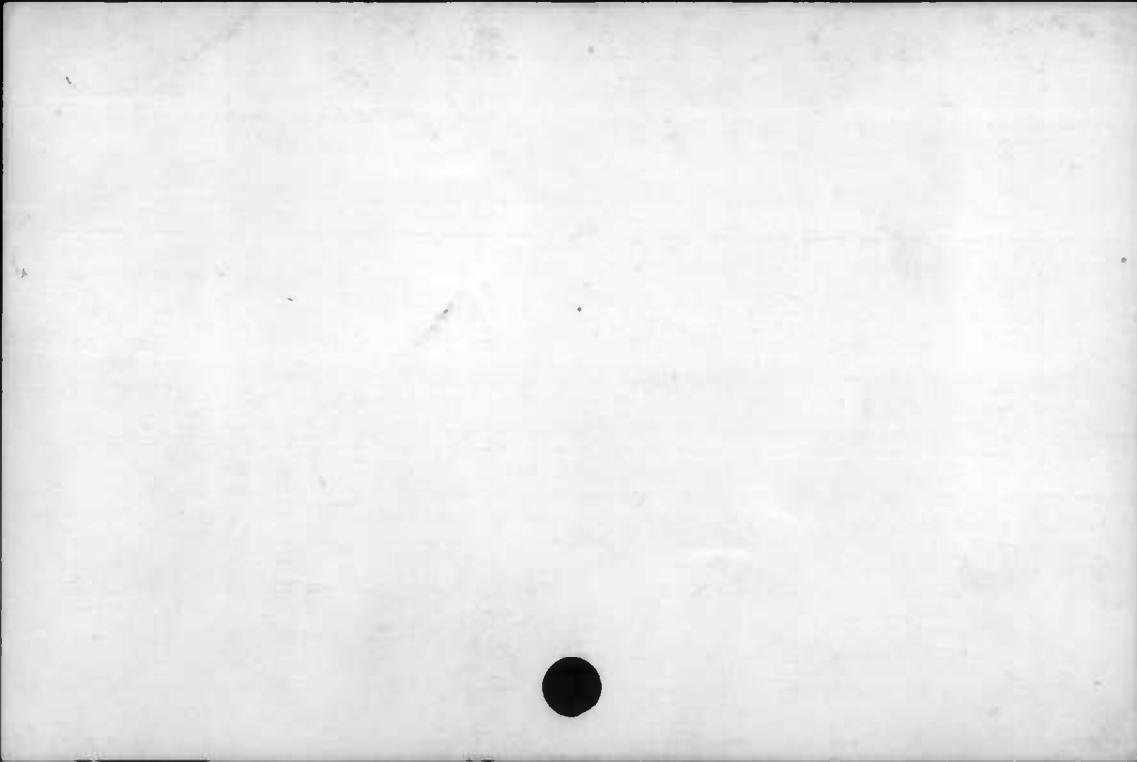
Address *Whitely City, Md.*

Accident or Suicide *—*



Lpl

Name in Full <i>Louisa M. Pomroy.</i>		CERTIFICATE OF DEATH	
Died at <i>Savage</i> <small>Town</small>		<i>Howard</i> <small>County</small>	
Date of death <i>1909</i>		Month <i>6</i> Day <i>26</i> Age <i>47</i> Years <i>9</i> Months <i>9</i> Days	
Sex <i>female</i>		Color or Race <i>white</i> Birth-place <i>Va.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Savage. Md</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Robert J. Pomroy</i>	
Father's Name <i>Francis M. Beatty</i>		Father's Birthplace <i>Va.</i>	
Mother's Maiden Name <i>Sarah Feagin</i>		Mother's Birthplace <i>Va.</i>	
Name of person giving information <i>R. J. Pomroy</i>		How related to deceased <i>husband</i>	
CAUSES OF DEATH			
Primary <i>Typhoid Fever</i>		How long <i>Fifteen days</i>	
Immediate <i>Congestion of Lung</i>		How long <i>6 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Williams M.D.</i>	
		Address <i>Savage Md.</i>	
Accident or Suicide? <i>no</i>			





Name  
in  
Full

Ada Lee Weakley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Savage* <sup>County</sup> *Howard* **MARYLAND**

Date of death *1909* <sup>Month</sup> *6* <sup>Day</sup> *23* <sup>Years</sup> *42* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *female* Color or Race *white* Birth-place *Va.*

Occupation *Housewife* Where Residing if not at place of death *Savage Md*

Married, Single or Widowed *married* <sup>Married or Wife or Husband</sup> *James R. Weakley*

Father's Name *Gabriel Smith* Father's Birthplace *Va.*

Mother's Maiden Name *Eveline Davis* Mother's Birthplace *Va.*

Name of person giving information *Geo. C. Finckham* How related to deceased *brother-in-law*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis of Lungs* How long *3 years*

Immediate *Exhaustion* How long *progressive*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. Hutchinson M.D.*

Address *Savage Md*

Accident or Suicide? *neither*

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